

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8089</u>	2. Fiscal Year Covered From: <u>11</u> / <u>11</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>THOMAS M GOLF</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>5356 W 91ST ST</u> City <u>OAK LAWN</u> State <u>IL</u> ZIP Code + 4 <u>60453-2452</u>	4. Name, file number, and address of labor organization. Name <u>CEMENT MASONS UNION LOCAL No 502</u> Labor Organization File Number <u>012-533</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>139 S 25TH AVE</u> City <u>BELLWOOD</u> State <u>IL</u> ZIP Code + 4 <u>60104-1955</u>
5. Position in labor organization. <u>BUSINESS AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Thomas M. Golf On 7/9/05 Date Telephone Number

Name of Person Filing

THOMAS M GOLF

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: LEGACY PROFESSIONALS LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street: 30 N CASALLE

City: CHICAGO

State: IL ZIP Code + 4: 60602-2595

9. Business deals with:

- ☒ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: CINCINNATI ASSOCIATES UNION LOCAL 400, SD2

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street: 739 S 25TH AVE

City: DEERWOOD

State: IL ZIP Code + 4: 60144-1994

11.a. Nature of such dealing.

UNION AUDITOR

11.b. Approximate dollar value of such dealing.

24500.00

12.a. Nature of interest held or income received.

WEISSERHOFF RETIREMENT LUNCH CON

12.b. Amount.

4632

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

THOMAS M GOLF

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

B. Name and address of Business (including trade name, if any).

Name ARNOLD AND KADJAVU

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1910 JACKSON BLVD

City Chicago

State IL ZIP Code + 4 60604-3958

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CEMENT WORKERS UNION LOCAL 100 502

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 739 S 25th Ave

City Bellwood

State IL ZIP Code + 4 60604

11.a. Nature of such dealing.

UNION ATTORNEY

11.b. Approximate dollar value of such dealing.

150,000.00

12.a. Nature of interest held or income received.

WESSELHOFF RETIREMENT LUNCH CO.

12.b. Amount.

4,632

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

THOMAS M GOLF

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ARNOLD AND RADJAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1910 JACKSON BLVD

City CHICAGO

State IL ZIP Code + 4 60604-3958

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CEMENT MASON'S UNION LOCAL NO. 502

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 739 S 25TH AVE

City BLUEWATER

State IL ZIP Code + 4 60164

11.a. Nature of such dealing.

UNION ATTORNEY

11.b. Approximate dollar value of such dealing.

15064.00

12.a. Nature of interest held or income received.

CHRISTMAS PARTY

12.b. Amount.

140.78

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

THOMAS M GOLF

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ARNOLD AND RADJAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1910 JACKSON BLVD

City CHICAGO

State IL ZIP Code + 4 60604-3958

9. Business deals with:

- ☒ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CLEVELAND MEMORIAL UNION LOCAL NO 502

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 739 S 25TH AVE

City BLUEWOOD

State IL ZIP Code + 4 60604

11.a. Nature of such dealing.

UNION ATTORNEY

11.b. Approximate dollar value of such dealing.

15064.00

12.a. Nature of interest held or income received.

CASE OF HOLIDAY SPIRITS

12.b. Amount.

122146

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.